

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215505002						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The Timken Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2015</p> <p>SCC ID NO: F1064601</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>200,000,000</td> </tr> <tr> <td>PREFER</td> <td>20,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	200,000,000	PREFER	20,000,000
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COMMON	200,000,000							
PREFER	20,000,000							
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 4500 Mount Pleasant St. NW WHQ-03</p> <p>CITY/ST/ZIP: North Canton, OH 44720</p> </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES GRIFFITH TITLE: PRESIDENT ADDRESS: 1835 DUEBER AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES GRIFFITH TITLE: PRESIDENT ADDRESS: 1835 DUEBER AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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NAME:	TED J MIHAILA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	DONALD WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	SCOTT A SCHERFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC/AST GC		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	JOHN M BALLBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	PHILLIP COX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	DIANE C CREEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	JOHN LUKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	JOSEPH RALSTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	JOHN REILLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	FRANK SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		
NAME:	JOHN TIMKEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARD TIMKEN DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE WOODS DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES GRIFFITH	JAMES GRIFFITH, PRESIDENT	2/5/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			